



March 19, 2020 at 3:00 pm

Location: Conducted virtually

Meeting Minutes:

Member Attendees: Dr. Andrew Baron, Denise Chuckovich, Dr. Keith Davis, Dr. Ted Epperly, John Heintz, Lisa Hettinger, Randall Hudspeth, Yvonne Ketchum-Ward, Susie Pouliot, Neva Santos, Chris Thomas, Larry Tisdale, Dr. Karl Watts, Matt Wimmer

DHW Staff: Mary Sheridan, Matt Walker, Stephanie Sayegh, Ann Watkins

Guests: Janet Reis, Alexis Pickering, Jenni Gudapati, Jennifer Wheeler, Ethan Despain, Cynthia York, Scott Banken, Katie Falls, Joe Pollard, Robbie Roberts, Melissa McVaugh

Summary of Motions/Decisions:

Motion:

Denise Chuckovich moved to accept the minutes of the February 20, 2020 meeting of the Healthcare Transformation Council of Idaho as presented.
Second: Susie Pouliot

Outcome:

Passed

Agenda Topics:

Welcome and Opening Remarks; Roll Call; Introductions; Review of Minutes; Action Items, and Agenda Review- *Dr. Ted Epperly, HTCI Co-Chair*

Dr. Epperly opened the meeting and expressed appreciation for council member flexibility in participating electronically and for continuing to make this work a priority.

Office of Healthcare Policy Initiatives (OHPI) contract and funding update – *Mary Sheridan, Bureau of Rural Health & Primary Care, IDHW*

The Idaho Legislature approved one-year of funding for 2 FTEs to staff OHPI. Mary is currently recruiting a program manager and health program specialist and the job announcements are posted on the State of Idaho website. Following state procurement rules, a financial analysis contract was awarded to Mercer. Katie Falls and Scott Banken from Mercer participated in the Payer Provider

Workgroup on March 16. Following state procurement rules, a contract was also awarded to Stonewall Analytics to conduct a state telehealth environmental scan.

Coronavirus/COVID-19 Update – Dr. David Pate

In rapid expansion phase, Idaho counts are at 11 as of this morning, we will see a rapid increase in the next couple of weeks. The importance of public health measures and social distancing is strongly encouraged.

Terry Reilly reported being out of PPE and they set up triage outside of the clinics. It is very concerning; the public is encouraged to use phone visits and telehealth. Members shared information the need to provide remote visits, the need for reimbursement, and the importance of watching for CMS alerts. Members shared experiences about payer changes. Optum behavioral can currently be conducted by phone. Medicaid is not limiting or requiring Healthy Connections referrals. There is an urgent need for PPE. Other states are also challenged with PPE for their staff. Many facilities report they will be out of supplies by the weekend.

Get Healthy Idaho –Joe Pollard, Program manager, IDHW

Population health plan was developed 5 years ago to support the Statewide Healthcare Innovation Plan (SHIP). The new plan was developed through stakeholder input and an approach to looking upstream. Strategies include identifying high-priority communities, cultivating partnerships and capacity, achieving a shared vision, using a community-led approach, investing funds upstream, and having an impact on social determinants of health.

Get Healthy Idaho website: gethealthy.dhw.idaho.gov.

Joe provided a demonstration of the data and resources housed on the site, including, a dashboard for Division of Public Health priority areas, measures and prevalence by county, demographic information, overlaid with social determinants of health measures using a social vulnerability index.

Community Care Idaho (CCID) – Ethan Despain, Director of Provider Relations and Contracting, CCID

The Enhanced Primary Care Case Management program is a managed care model for Idaho. It is designed to deliver better care, better health, lower costs and patient-centered care in both rural and urban areas. It supports statewide independent practices that may not have other opportunities to participate in value-based contracting. Recruiting primary care practices to this nonprofit model in Idaho.

Community Care of North Carolina is supporting the development of CCID, providing funding and technical assistance. It also meets CIN requirements and consists of a 7-member Board of Directors, including primary care leaders in each region. Participation is non-exclusive and practices can continue in any current arrangements. Quality bonus payments and shared saving distribution to member with low administrative rates. Currently reaching out to primary care practices statewide.

CCID partnership with CCNC brings experience and support to help achieve quality improvement and cost savings. Ethan will provide presentations to share information with stakeholders that may be interested.

Payer Provider Workgroup (PPW) update – Norm Varin, PPW Co-Chair

Mercer was introduced and shared a high-level plan moving forward with collecting data to conduct the financial analysis and determine the percent of value-based payments.

Telehealth Task Force (TTF) update – Jenni Gudapati, TTF Co-Chair and Ann Watkins, Bureau of Rural Health and Primary Care

March 18 meeting postponed. There were questions about extending report due date for one month due to the pandemic. Extension request is understandable and there were no questions from the group. The request was supported. Several participants expressed the current COVID-19 has demonstrated the need for telehealth as an option for delivering services.

Rural Health & Frontier Healthcare Solutions Workgroup update – Patt Richesin, President, Kootenai Care Network and Larry Tisdale, VP Finance, Idaho Hospital Association

The workgroup is suspending all work for a month and cancelling the April meeting. The workgroup consists primarily of Critical Access Hospitals CEO's and they are needed in their communities. The workgroup had great participation and developing a data request to continue to help advance the work while the workgroup is on hold. Dr. Craig Jones is providing technical assistance for the group. HTCI understands the delay and continues to support the group.

Next steps and future actions for HTCI – Dr, Ted Epperly, Dr. David Pate, and HTCI members

Hold until April 16. We will plan on a virtual meeting; we need to stay engaged. More information will follow. We will continue to interact and move the work forward.

Closing: Dr. Ted Epperly

Next Meeting: Thursday April 16, 2020

Meeting Adjourned: 04:26 p.m.



Healthcare Transformation Council of Idaho

Action Items

May 21, 2020 3:00PM

■ Action Item 1 – March HTCI Meeting Minutes

HTCI members will be asked to adopt the minutes from the March 19, 2020, HTCI meeting:

Motion: I, _____ move to accept the minutes of the March 19, 2020, meeting of the Healthcare Transformation Council of Idaho as presented.

Second: _____

HTCI
HEALTHCARE TRANSFORMATION
COUNCIL OF IDAHO

Financial Analysis and Progress Reporting

May 21, 2020

Scott Banken
CPA, Minneapolis

welcome to brighter



Agenda

1. Introduction: Why Mercer has been re-engaged
2. Overview of the Initiative, Goals and Objectives
3. Process and Deliverables

Introduction

1

Why Mercer has been re-engaged

SHIP Experience

We collected significant data that allows us to continue to measure and model Idaho's progress toward value-based payment and lower cost trends.

Independent Subject Matter Expertise

We collect, analyze and report information in a way that protects the payers and providers but adheres to professional standards.

Overview of the Initiative, Goals and Objectives



Overview of the initiative, goals and objectives

- A key transformation goal for Idaho is to align payment mechanisms across payers to transform payment methodology from volume to value.
- The goal of this initiative is to determine whether Idaho is making progress in achieving this goal by assessing movement toward value-based payment and system changes as a result of the State's healthcare payment reform and transformation initiatives.
- Objectives include:
 - Develop a plan for conducting the healthcare transformation financial analysis, utilizing the financial analysis completed during the Statewide Healthcare Innovation Plan (SHIP) Statewide Innovation Model (SIM) test.
 - Develop a plan to track progress moving from FFS to VBP.
 - Work collaboratively with Idaho's healthcare public and private payers and gain their support to share financial data.
 - Successfully conduct a certified financial analysis that yields findings on Idaho's movement toward value-based payments.

Process and Deliverables

3

Deliverables



- Financial analysis model that includes:
 - Collecting data using standardized templates.
 - Comparing data and trends to projected trends to calculate cost avoidance.
 - Using trends to calculate return on investment (ROI) for Idaho's transformation initiatives.



- Enter into business agreements (BA) with Idaho's commercial private payers.

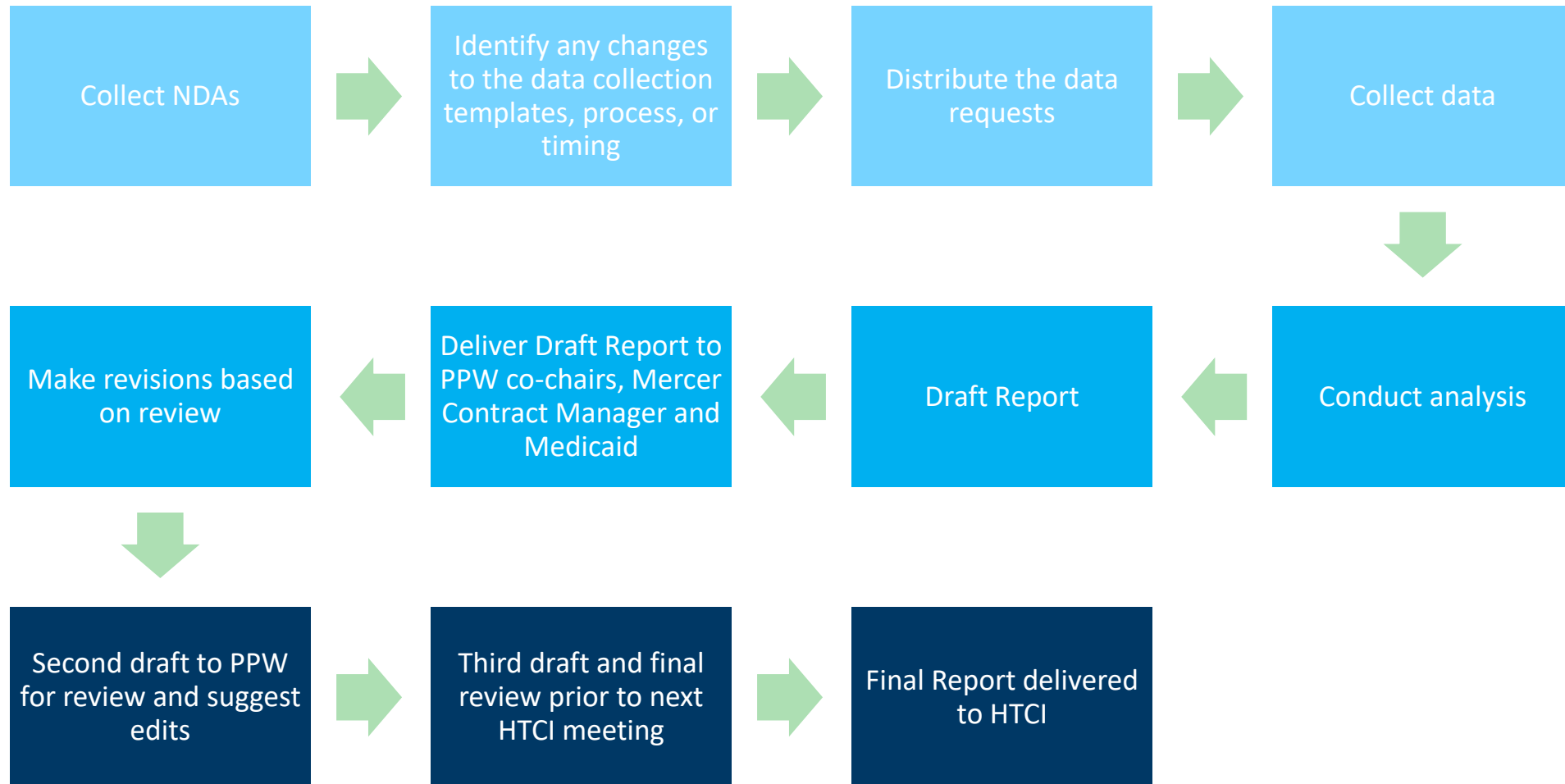


- As requested by DHW, provide information and documents to the Payer Provider Workgroup, Healthcare Transformation Council of Idaho and other stakeholders regarding the financial analysis and findings.



- Produce an annual report which includes the following: executive summary, introduction, background, methodologies and strategies, financial analysis, including the percentage of beneficiaries and percentage of payments paid per HCP-LAN category and the cost of care in Idaho.

Work plan and project timeline





St. Luke's Health Partners

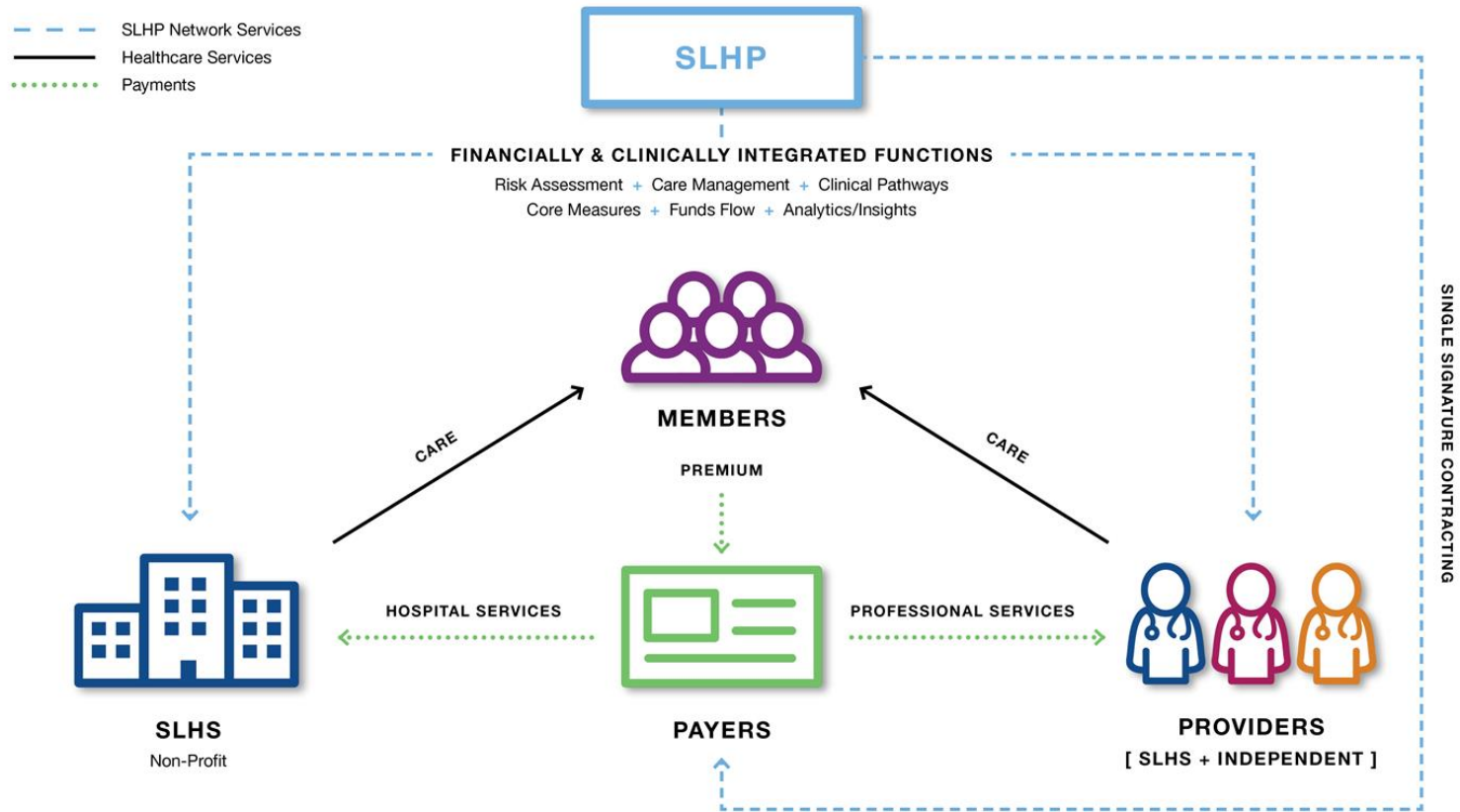
Healthcare Transformation Council of Idaho

May 21, 2020



St. Luke's Health Partners is an Idaho-based provider network— financially and clinically integrated—that helps members achieve their best possible health at the lowest total cost.





SLHP by the numbers

20 Counties of southwest & southcentral Idaho

3,300 Participating Providers (1,400 Employed/PSA; 1,900 Independent)

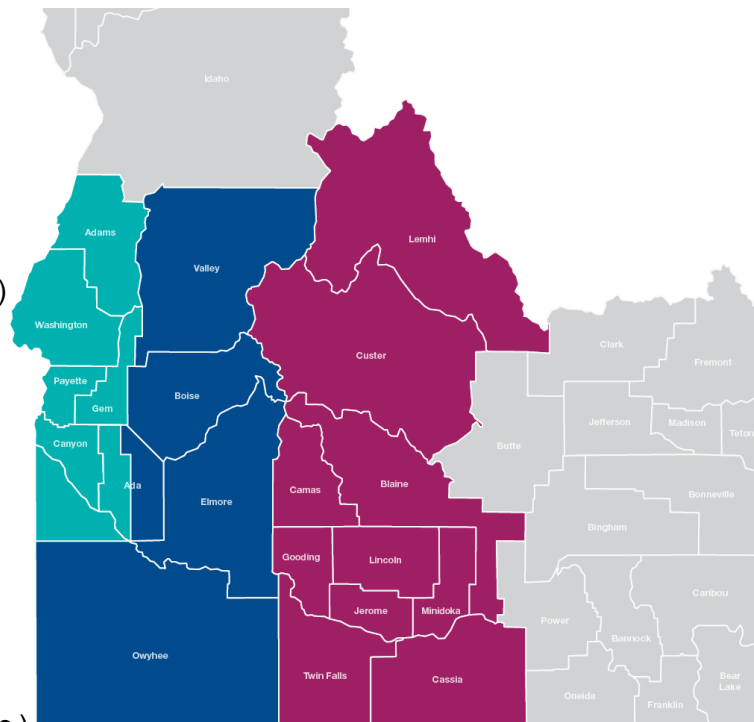
180,000 Accountable Lives (2019)

11 Payer Partners Across All Lines of Business

900+ Million Dollars in Annual Capitated Revenues (2019)

80 Team members (Care Management, Population Health, Credentialing, etc.)

1 Common Interim Payment Schedule



Value-Based Performance = Outcomes



+



+



KNOW THE POPULATION & THEIR NEEDS

- Accurately reflect illness
- Annual wellness visits
- Condition capture and recapture
- Accessibility

CLOSE GAPS IN THEIR CARE

- Sustain minimum 4 Star rating on all Medicare Advantage plans
- Maintain top decile quality performance as Next Generation Accountable Care Organization (CMS Medicare program)

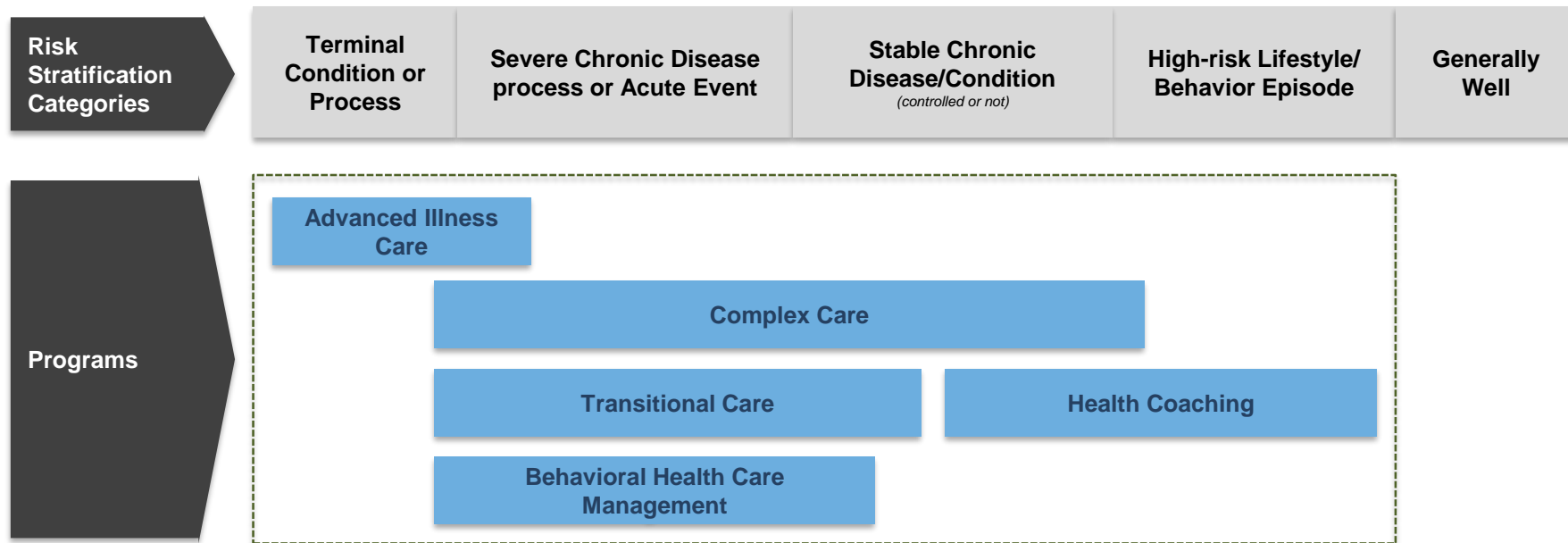
ENSURE APPROPRIATE UTILIZATION

- Manage inpatient admissions and emergency department visits to achieve *Milliman well-managed* benchmarks
 - ED Visits / 1,000
 - Admits / 1,000
 - SNF Days / 1,000

















































SLHP Care Coordination Programs

Tailored to align with patients' needs





FACILITY SCORE CARD

Admissions from January 2019 through December 2019

Rank*	Facility**	Location	How good are facilities at...		
			Preventing re-hospitalization	Improving patient independence	Cost savings (length of stay)
1	Aspen Transitional Rehabilitation  	Meridian			
1	Creekside Transitional Care & Rehabilitation 	Meridian			
1	St. Luke's Rehab – Elks Sub Acute Rehab Unit  	Boise			
1	Terraces of Boise, The	Boise			
5	Shaw Mountain of Cascadia 	Boise			
6	Karcher Post-Acute & Rehabilitation Center	Nampa			
6	Riverview Rehabilitation  	Boise			
8	Life Care Center of Treasure Valley	Boise			
8	Orchards of Cascadia, The	Nampa			
10	Serenity Health Care 	Twin Falls			
11	Bridgeview Estates	Twin Falls			
11	Twin Falls Center	Twin Falls			
	Apex Center	Boise	 These participating facilities aren't ranked because we don't have enough information on their performance yet		
	Cascadia of Nampa	Nampa			
	Valley View Nursing & Rehabilitation	Boise			

	High Performance
	Better than Expected Performance
	Expected Performance
	Worse than Expected Performance
	Low Performance

Special Designations	
	Facility participating in St. Luke's Orthopedic Post-Acute Care Alliance
	Most recommended by patients***

***Medicare patients may choose any Medicare certified skilled nursing facility. The facilities above participate in the Post-Acute Care Program.

*Facilities are listed from highest performing to lowest performing based on the total number of circles. In cases of a tie, facilities that rank the same are listed in alphabetical order. Special designations do not impact facility performance or rank.

St. Luke's Strategy

Affordability, ultimately driving premium reduction, is imperative

- Accelerate and advance value-based fundamentals.
- Grow business under value-based arrangements.
- Drive cost structure inefficiencies out of the overall health-care vertical.
- Significantly reduce cost structure through gains in process efficiency, innovation, and reduction of low-value utilization.
- Ensure that patients receive care in the right place, right way, when and where they want and need it.
- Strengthen the focus on health and prevention to counter costly health conditions.



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